

CYRIL H. WECHT, M.D., J.D.



FORENSIC PATHOLOGY
LEGAL MEDICINE

January 11, 2012

Dr. Joshua Greenberg



Re: Ellen Greenberg, Deceased

Dear Dr. Greenberg:

Pursuant to your request, I have reviewed all the records and materials pertaining to the death of your daughter.

CLINICAL SUMMARY

Ms. Ellen Greenberg, 27 years old, was found dead by her fiancé, Mr. Samuel Goldberg, in their locked apartment on January 26, 2011. Mr. Goldberg reported that he had left their apartment for the gym in their apartment building at 16:45 that afternoon and returned between 17:15 to 17:30. He stated that he tried to contact the decedent via text message, telephone and email for approximately one hour in attempting to get back in, but he got no response (confirmed by incoming texts and email in decedent's cell phone between 1732 and 1754).

The 911 call was made at 1833. The solid bar door guard was broken (consistent with Mr. Goldberg's report of forcing in the door). An apartment security man was reportedly present during Mr. Goldberg's entry. He was briefly instructed to start CPR until he noticed a knife in her chest and was instructed to stop. Medics pronounced death at 1840.

There was no evidence of a struggle. Valuables were present and nothing was missing in the apartment. The decedent was found supine in the kitchen, her head and upper body resting against the lower half of the kitchen cabinets. Blood was present on the head, in the hair and on the neck. Multiple chest wounds were observed. A knife was embedded in her left chest. It was a

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single edged serrated blade approximately 12.5 cm in length and 1.5 cm wide with a handle approximately 12.5 cm in length. The right hand with blood in it was closed in a loose fist. There was no note or anything to indicate suicide on the computers or in the rest of the well kept apartment. The last outgoing call in the decedent's cell phone was for 30 seconds on 1/26/11 at 1433. The recipient of the telephone call was not identified.

The decedent was clothed in a T-shirt, sweat pants, underwear, a zippered shirt and UGG boots. Blood was present on the head, in the hair, on the front side of the shirts, on the front of her pants and on the top of both boots. A pair of eyeglasses was on the floor to her right. A white towel was grasped in her left hand. It is not known if there was blood on the towel. A hair tie "scrunchie" was on her right wrist.

The decedent was in a committed relationship with Sam Goldberg. They had been together for 3 years, and were recently engaged. Her parents had no reservations about their relationship. There is no knowledge of any verbal or physical abuse. No report of a detailed interrogation of the fiancé is available. (How did the decedent behave before Mr. Goldberg went to the gym only 30 minutes earlier? Her mother stated that when she spoke with the decedent that morning, they "had a pleasant conversation. She gave no indication that something was imminently wrong.")

Her mother knew that her daughter was "struggling with something". Ms. Greenberg was seeing a psychiatrist, Dr. Ellen Berman. Ms. Greenberg visited the psychiatrist on January 12, 17 and 19. She was upset and stressed about her job as a school teacher for the District of Philadelphia, where she had been employed for three years. She had expressed that she was overwhelmed with her classroom work. She had been prescribed Zoloft first, then switched to a low dose of Xanax. After no success, the doctor prescribed Ambien and Klonopin. On January 17, it was specifically noted by the psychiatrist: "she starts thinking about everything else – not suicidal." On January 19, Dr. Berman noted: "way better". Ms. Greenberg denied any verbal or physical confrontations with her fiancé.

Also reviewed is diary-like emailed account ([REDACTED]). Ms. Ellen Greenberg reportedly responded to this close friend's text on January 26 about 12 pm saying "yah, you are getting out early" (Philadelphia schools were getting out early on account of the snow storm). Ms. Greenberg's response was "Thank Goodness".

[REDACTED]

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[REDACTED]

As published in newspapers on February 1, 2011, "the Medical Examiner's Office ruled the death as a homicide", based on the Philadelphia Police Department's announcement on January 28. A few days later, the Police Department backed away, making a statement that the case had not been ruled a homicide and was being investigated as "suspicious". However, on February 18, 2011, the police retracted their original ruling, and officially declared that the death of Ellen Greenberg had been ruled a suicide.

Philadelphia City Assistant Medical Examiner Marlon Osbourne, M.D., listed "multiple stab wounds" as the cause of death. The manner was ruled to be suicide.

There were multiple stab wounds to the chest (8), abdomen (1), back of neck (10) and scalp (1). A knife with a 12.5 cm blade was present in the 10 cm. deep chest wound. There were injuries to the aortic arch, the left upper lung lobe, liver and dorsal cervical spinal cord at C2-C3. There were associated bilateral hemothorax and hemopericardium. The wounds were listed as follows:

Chest: (8 wounds)

- A. Front to back (0.2 cm deep) midline
- B. Front to back (0.2 cm deep) midline
- C. Right to left (1.4 cm deep) right chest, front to back, slightly upward
- D. Front to back (2.7 cm right of midline. 0.2 cm deep) front to back
- E. Left to right, front to back and slightly downward , (horizontal, 10 cm deep left 2nd ICS, sharp end @ 3:00, blunt end @ 9:00 superior mediastinum, aortic arch, left upper lung lobe, 600 cc left pleural hemothorax, 500 cc right pleural hemothorax, 120 cc hemopericardium
- F. Front to back (0.2 cm deep)
- G. Front to back (0.2 cm)
- H. Front to back, slightly left to right (4 cm deep, vertical blunt end @ 12:00, sharp end @ 6:00 through right 6th ICS

Abdomen (1)

- I. Front to back, slightly left to right (6 cm deep)

Head (1)

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J. Right occipital scalp (8 cm above right external auditory meatus

Neck (10 wounds)

- K. Back to front, slightly left to right (0.3 cm deep) vertical
- L. Back to front, slightly left to right (0.2 cm deep) vertical
- M. Back to front (0.3 cm deep) vertical
- N. Back to front (8 cm deep) through occipital triangle into ligamentum nuchae, small vessels overlying cerebellum, subarachnoid over vermis, caudal right cerebellar hemisphere
- O. Back to front (3 cm deep), horizontal right to left
- P. Back to front, (2.1 cm deep), vertical right to left
- Q. Back to front (2 cm deep) vertical, slightly left to right
- R. Back to front (1.9 cm deep), vertical slightly left to right
- S. Back to front (2.1 cm deep) vertical left of midline slightly left to right
- T. Back to front (7 cm deep) horizontal between 2nd and 3rd cervical vertebrae, incising dura over spinal cord right to left – 4.5 cm right of midline : no defect in spinal cord

Multiple contusions "in various stages of resolution" were present on the upper and lower extremities: right upper arm, right forearm (3), right lower abdomen, right thigh (round contusions in a vertical row) and above the right knee (3).

223 color photographs at the scene and at autopsy have been submitted. No toxicology reports are found in the materials submitted. (Reportedly, the tests were negative.) Ms. Greenberg had seen psychiatrist Dr. Ellen Berman. Her handwritten notes from three patient visits have been reviewed. There had not been any summary of a detailed interrogation of the fiancé.

MEDICOLEGAL QUESTION

What was the most likely manner of death?

Suicidal stab wounds can rarely be multiple. Suicides by stabbing are becoming less frequent, with simpler choices being drugs, hanging, or gunshot. Cutting of the wrist and throat is often associated with suicide, whereas stab wounds to the back are unlikely to be suicide.

A murder usually involves multiple stab wounds to the side, back or stomach. In a suicide, there may be additional cuts across the wrist, or tentative stabbings to see if it will hurt, or to work up courage. Then there will usually only be one wound and most likely in the chest.

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The multiple stab wounds to the back of the upper neck and lower head found at autopsy were unlikely suicidal stab wounds especially the different directions that K, L, Q, R and S with vertical direction left to right, straight vertical of M, N and T, and, right to left horizontal, O and vertical P.

The locations of the stab wounds high up the back of neck and lower back of head are also unlikely for self-inflicted wounds.

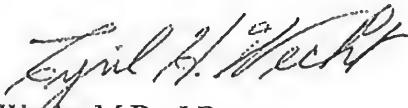
A suicide victim will frequently leave a note. There was none. There was also no indication that the decedent was suicidal from the standpoint of her own family, friends, professional associates and the psychiatrist who had evaluated her. There had not been any indication that she had the intention to commit suicide, or was depressed during the day she was found dead. She seemed her usual self in the morning when she had a telephone conversation with her mother, and later at mid-day during her texting with a friend at approximately noon. It would be important to find out from the fiancé how she behaved barely half an hour before, when he left their apartment as he claimed.

A suicide victim will rarely stab herself through her clothing. Instead, she will open her shirt to expose the skin. Stabbing through clothing may indicate homicide. It is not known if fingerprints on the knife were taken and examined.

OPINION

Following the review of all submitted documents, the results of the autopsy and the accounts from the investigation, based upon reasonable degree of medical certainty, it is my professional opinion that the manner of the death of Ellen Greenberg is strongly suspicious of homicide.

Very truly yours,


Cyril H. Wecht, M.D., J.D.